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**CERTIFICATE OF FACSIMILE TRANSMISSION  
UNDER 37 CFR §1.8**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted on the date indicated below via facsimile to the United States Patent and Trademark Office, facsimile number (571) 273-8300.

Date: May 26, 2006

Mary N. Kilgore  
Mary N. Kilgore

In Re Application of:

Skidmore, *et al.*

Serial No.: 10/632,491

Filed: July 31, 2003

Confirmation No.: 4397

Group Art Unit: 1732

Examiner: Daniels, Matthew J.


Docket No. 190514-1020

For: **Masonry Unit Manufacturing Method**

**Amendment Transmittal Letter  
Response**

**Total Pages Transmitted (including cover sheet) – 21**

**MAY 26 2006**

<b>AMENDMENT TRANSMITTAL LETTER (SMALL)</b>				Docket No.  <b>190514-1020</b>	
Applicant(s): <b>Skidmore, et al.</b>					
Serial No. <b>10/632,491</b>	Filing Date <b>July 31, 2003</b>	Examiner <b>Daniels, Matthew J.</b>	Confirmation No. <b>4397</b>	Group Art Unit <b>1732</b>	
Invention: <b>Masonry Unit Manufacturing Method</b>					
Commissioner for Patents Mail Stop Amendment P.O. Box 1450 Alexandria VA 22313-1450  Transmitted herewith is a Response in the above-identified application.  The fee has been calculated and is transmitted as shown below					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
<b>TOTAL CLAIMS</b>	22 -	23 =	0	X \$25.00	\$0
<b>INDEP. CLAIMS</b>	2 -	3 =	0	X \$100.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$180.00	\$0
<b>EXTENSION FEE</b>	1 <sup>ST</sup> MONTH <input type="checkbox"/> \$60.00	2 <sup>ND</sup> MONTH <input type="checkbox"/> \$225.00	3 <sup>RD</sup> MONTH <input type="checkbox"/> \$510.00	4 <sup>TH</sup> MONTH <input type="checkbox"/> \$795.00	\$0
<b>Other Fees:</b>					\$0
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0</b>
<input checked="" type="checkbox"/> No additional fee is required. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this page is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input type="checkbox"/> A Credit Card Payment Form PTO-2038 is attached in the amount of \$_____. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.					
 _____ <b>David Rodack, Reg. No. 47,034</b>			S-26-06 _____ Date		

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**RESPONSE**

Mail Stop: Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

The non-final Office Action mailed February 27, 2006 (Part of Paper No. 02122006) has been carefully considered. In response thereto, please enter the following amendments and consider the following remarks.

**AUTHORIZATION TO DEBIT ACCOUNT**

It is not believed that extensions of time or fees for net addition of claims are required, beyond those which may otherwise be provided for in documents accompanying this paper. However, in the event that additional extensions of time are necessary to allow consideration of this paper, such extensions are hereby petitioned under 37 C.F.R. § 1.136(a), and any fees required therefor (including fees for net addition of claims) are hereby authorized to be charged to deposit account no. 20-0778.